

***Teen Getaway Weekend
“Unifying Our Community”
May 8-10, 2015
Wisconsin Lions Camp, Rosholt, Wisconsin***



The Teen Getaway Weekend, “Unifying Our Community” is designed for **high school students (grades 9-12)** who are hard of hearing, deaf, deafblind and deaf with additional disabilities. The weekend will take place at the Wisconsin Lions Camp (<http://www.wisconsinlionscamp.com>) in Rosholt, Wisconsin.

Quotes from past TGW campers:

“I love the place that was chosen, and I loved the activities! ☺”

“I had wonderful time here with all deaf/hard of hearing. I felt so comfortable and I could communicate so easily. That made me feel so spirited and happy.”

High school students (grades 9-12) from around the state of Wisconsin will have the opportunity to meet one another and participate in fun activities including an ice cream social and bonfire (weather permitting), challenging physical and mental games, and entertainment. Students will meet and be inspired by adult role models (speaking and/or signing hard of hearing and deaf adults), and will explore their own community.

This weekend is designed for ALL students with hearing loss – hard of hearing, deaf, deafblind, or deaf with additional disabilities. All high school students, regardless of hearing loss or communication preference, are invited to attend this unique weekend.

Registration for this weekend is only **\$50.00 until April 10, 2015**, which includes overnight accommodations, meals, transportation, and a variety of activities.

Late registration (**\$75**) will begin on **April 11, 2015**.

No registrations will be accepted after April 17, 2015.

Scholarships requests will be accepted until **April 10, 2015**. To make a scholarship request, contact Marcy Dicker at 262-787-9540 or marcy.dicker@wesp-dhh.wi.gov.

Teen Getaway Weekend Tentative Schedule

Friday	
5pm	Campers arrival
6pm	Dinner
7pm	Welcome/ Icebreaker Games
9pm	Social/Snack
10pm	Cabin

Saturday	
8am	Breakfast
8:30am	Activity
12pm	Lunch
1pm	Team Building
4pm	Free Time
6pm	Dinner
7pm	Entertainment
11pm	Cabin

Sunday	
8am	Breakfast
8:30am	Activity
11:30am	Lunch
1pm	Departure

Packing Checklist

Students/parents are strongly encouraged to check the weather forecast and current weather conditions to guide packing. **Be sure to bring enough warm clothes!**

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ○ One pillow & pillowcase ○ Sleeping bag or blanket ○ Pajamas ○ Bath Towel ○ Shampoo and body soap ○ Toothpaste and toothbrush | <ul style="list-style-type: none"> ○ Hairbrush and comb ○ Jacket ○ Poncho or rainwear ○ Jeans ○ T-shirts ○ Sweater ○ Sneakers/casual shoes | <ul style="list-style-type: none"> ○ Hiking shoes ○ Socks ○ Flashlight w/ extra batteries ○ Camera with film ○ Backpack ○ Hats and gloves ○ Water bottle |
|---|---|---|

Please do not bring valuable things as we are NOT RESPONSIBLE for any thefts or losses. Wireless devices are prohibited.

Parent Paperwork Checklist

I have enclosed....

- ☐ Registration Form
- ☐ Medical Consent Form
- ☐ Medication Permit
- ☐ Signed Youth Hold Harmless and Participation Agreement
- ☐ Payment

REGISTRATION FORM
(No registrations accepted after **April 17, 2015**)

Camper's Name: ☐ Male or ☐ Female

Birth date: Grade ☐9 ☐10 ☐11 ☐12

T-Shirt Size Needed: ☐S ☐M ☐L ☐XL ☐XXL

School Attending:

Teacher of Deaf & Hard of Hearing's name:

Teacher of Deaf & Hard of Hearing's contact information:

Educational Interpreter's name:

Educational Interpreter's contact information:

Parent/Guardian(s):

Address: City: Zip:

Home: () Mobile: ()

Text: () Can we text you? ☐Yes ☐No

E-mail:

Can we add you to a calling tree to receive voice messages to update you over the weekend about transportation and activities? ☐ YES ☐ NO

Will we have permission to add you and your child's contact information in the directory to share with other campers? ☐ YES ☐ NO

If yes, check the following you feel comfortable sharing with the families:

- ☐ **Contact information, including email address, home and mobile/text number**
- ☐ **Only email address and phone numbers**
- ☐ **Email address only**

Emergency Contact (other than parent/ guardian):

Name: Relationship:

Home: () Text: ()

Physician: Phone: ()

TELL US MORE ABOUT YOUR CHILD:



1. How does your deaf/hard of hearing/deafblind child communicate?

At home: Speaking only ☐ Sign only ☐ Both ☐ Other ☐

At School: Speaking only ☐ Sign only ☐ Both ☐ Other ☐

2. Does your child use any of these services during his/her school day or at home?

(check all that apply)

Real Time Captioning Services ☐

Media Captioning (television/movie) ☐

Oral Interpreter ☐

Sign Language Interpreter ☐

Other

3. What I want most for my child when attending TGW is:

- ☐ To advocate for him/herself
- ☐ To learn more about being a member of the community
- ☐ To empower him/herself searching for resources
- ☐ To recognize the skills that he/she can contribute to the community
- ☐ To feel confidence in his/her ability to make a difference for the community
- ☐ To develop leadership skills
- ☐ To feel good about him/herself
- ☐ To develop independence
- ☐ Other

MEDICAL/INSURANCE:



Health Insurance Carrier:

Name of Policy Holder:

Policy Number:

Group Number:

Please fill out the important information above OR enclose a copy of the front and back of your insurance card.

The camper's family policy must cover any medical costs incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached, and agree to release all personnel for liability in connection with this activity.

Parent/Guardian's Signature: _____ Date: _____

**** Required original signature****

MEDIA RELEASE: The Wisconsin Educational Services Program for the Deaf and Hard of Hearing Outreach may make or use pictures, slides, digital images, or other reproductions of your minor child or yourself, and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Wisconsin Educational Services Program for the Deaf and Hard of Hearing Outreach.



If you wish to decline the media release for your child, please check here: ☐

TRANSPORTATION All campers are encouraged to ride on a bus provided by WESP-DHH Outreach. A bus has been scheduled. In addition, carpools and vans may be arranged from other cities, such as LaCrosse and Eau Claire. Please choose all that apply:

☐ **Bus:** I am willing to send my child to Wisconsin Lions Camp via a bus. I understand that I will be responsible for getting my child to the pick up/drop off location, please select one of the following:

☐ **#1 – Delavan, Wisconsin School for the Deaf (309 West Walworth Avenue, Delavan)**
Times: Friday 11:30 am & Sunday 5:15 pm (IN BACK OF School by Warehouse/3rd driveway)

☐ **#2 – Milwaukee, Rufus King High School (1801 W. Olive St., Milwaukee)**
Times: Friday 12:45 pm & Sunday 4:00 pm (side entrance near school doors)

☐ **#3 – Lomira, McDonald's Parking lot (630 East Ave., Lomira)**
Times: Friday 2:30 pm and Sunday 3:00 pm

☐ **#4 – Osh Kosh or Appleton (Final Pick up/Drop Off Location will be determined, based on who is signed up for this stop)**
Times: Parents will be contacted regarding exact location and times for pick up and drop off, between April 17 and May 1)

☐ **#5 – Rosholt, Wisconsin Lion's Camp 3834 County Rd A, Rosholt**
Times: Friday 4:45 pm & Sunday 1:00 pm

☐ **Vanpool: (For families that do not live near a pre-established route pickup/drop off locations)** I am willing to send my child to Wisconsin Lions Camp via a bus/van pool. I understand that I will be responsible for getting my child to the agreed pick up/drop off location.

☐ **I will transport my child,** _____, **to and from the Wisconsin Lions Camp in Rosholt, WI.** (Please arrange for your child to arrive no earlier than 4 pm and no later than 6 pm on Friday)

Sometimes we depend on parents/educational staff to help carpool kids to the camp for this event, when students do not live near a pick-up / drop off location. We will reimburse you \$.51 per mile if you drive other students, in addition to your own child.

☐ **I am willing to drive a carpool for this event. Provide the driver's phone number: ()**

Note: You will be contacted by May 1, 2015 regarding the details of your child's transportation to Wisconsin Lions Camp.

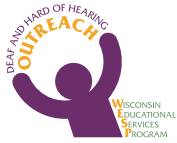
PARENTAL CONSENT:

I hereby authorize my child, _____, to attend the Teen Getaway Weekend on May 8-10, 2015 at the Wisconsin Lions Camp in Rosholt, WI.

Parent/Guardian's Signature: _____ Date: _____

**✓ Send completed registration form, medical form, signed release form and payment to:
(\$50 by April 10th or \$75 after April 10th)**

WESP-DHH Outreach Attn: Karen Waite
N25 W23131 Paul Road Suite 100
Pewaukee, WI 53072



Wisconsin School for the Deaf – Health Center



Teen Getaway Weekend

Ph. 262-728-7144

VP: 262-394-1217

Fax: 262-728-7168

Cell/Text: 262-749-6733

Email – diane.nelson@wsd.k12.wi.us

Medical Consent Form

Student Name _____ Birth-date _____

1st Emergency Contact: _____ **Relationship:** _____

Home/VP Phone #:() _____ Cell/Text #: () _____

2nd Emergency Contact: _____ **Relationship:** _____

Home/VP Phone #:() _____ Cell/Text #: () _____

3rd Emergency Contact: _____ **Relationship:** _____

Home/VP Phone #:() _____ Cell/Text #: () _____

Please provide a copy of your insurance card!

Dietary Restrictions/Food Allergies: _____

Medication/Environmental Allergies: _____

Medical Concerns (please be specific): _____

Date last Tetanus _____

Family Doctor Name _____

Doctor Phone # () _____ Doctor Fax # () _____

Teen Getaway Weekend (TGW) is staffed by Registered Nurses who, under the direction of WSD's Physician, provide first aid treatment for minor injuries and give medicine/appropriate care for common illnesses. Parents/Guardians will be informed of treatment/recommendations when warranted. In the event of serious illness or injury, and/or at the request of the nurse, it is the responsibility of the parent/guardian to take the child home.

I give consent/permission for WSD/TGW staff to provide necessary medical or emergency care for my child.

I authorize the release of pertinent medical information to staff on a need to know basis. Please list any medical information you do not wish to have shared with TGW staff.:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

****Please fill out the top portion of the Medication Administration form for Prescription medication and the bottom of the form allowing administration of over-the-counter medications if needed.**

2015 Health Center white



Wisconsin School for the Deaf – Health Center



Teen Getaway Weekend

Ph. 262-728-7144 VP: 262-394-1217 Fax: 262-728-7168 Cell/Text: 262-749-6733

Email – diane.nelson@wsd.k12.wi.us

MEDICATION PERMIT

~ Use ONE form per medication ~

(copy as needed)

Teen Getaway Weekend staff requires that your doctor provide instruction (orders) regarding any (prescription or over the counter (OTC) medication your child takes while at TGW function. No medication will be given without written authorization from your doctor and parental/guardian consent.

Child's Name: _____

Food/Medication Allergies: _____

Name of Medication: _____

Dosage: _____

Frequency/Duration: _____

What medication is for, any special instructions, possible side effects, adverse reaction, or contraindications?

As the prescribing physician, I have the power to direct, supervise, decide, inspect and oversee the administration of medication for this child. I agree to have the TGW nurse contact me directly with any questions regarding this medication.

Doctor Printed Name

Doctor's Signature

Doctor's Address

()

Date

()

Doctor's Telephone Number

Doctor's Fax Number

PARENTAL CONSENT:

I have read the above doctor's order for my child and I agree with it in its entirety. There has been no history of any allergic or sensitivity reactions to the medication. I understand that the medication needs to be supplied by me and that the TGW staff is not financially responsible for the medication. If there are any questions regarding the above medication I give my permission for the nursing staff to contact the prescribing doctor.

Date

Parents/Guardians Signature

OVER-THE-COUNTER (Non-prescription medication):

The Wisconsin School for the Deaf/TGW staff has standing doctor's orders signed by our school physician for use in the care of all students who attend TGW. They are used for minor complaints/illnesses/or injuries at the discretion of the nurses on duty. Examples include Tylenol, Ibuprofen, cough medication, Maalox, etc.

I have read the above and understand that the Nurses at WSD can assess my child and give OTC medications as ordered by the school physician:

Parents/Guardians Signature

Date

2015 Health Center

**Wisconsin Lions Camp
Youth Hold Harmless and Participation Agreement**

I have read and understand the facility use rules of the Wisconsin Lions Camp as indicated on the Facility Rules and Procedures handout presented to me. My child agrees to abide by the facility use rules as indicated while in attendance at the Wisconsin Lions Camp.

I fully understand that after reasonable precautions are taken, there are certain hazards connected with camping. I release, absolve, indemnify and hold harmless the Wisconsin Lions Foundation, Inc., and its Directors, Agents and Employees from liability connected with any claimed injury or death due to accidents or situations otherwise occurring to my child in the use of any natural areas or man-made facilities of the Wisconsin Lions Camp or for any other reason.

I also grant permission to use photographs of my child in any publication or publicity authorized by the Wisconsin Lions Foundation.

Parent/Guardian Signature

Date

Witness Signature

Date